

PTO/SB/97 (08-03)

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ATTACHED - FEE TRANSMITTAL (PTO/SB/17), in duplicate;  
- PETITION FOR EXTENSION (2 months), PTO/SB/22,  
in duplicate; and  
- RESPONSE (11 pages).

CUSTOMER NO.: 24498  
Serial No.: 10/528,596  
Docket No.: PD020096  
Art Unit: 2117  
Examiner: Steven Radosevich

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET:16

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

# FEE TRANSMITTAL

## for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**460.00**

Complete if Known

Application Number **10/528,596**  
Filing Date **March 21, 2005**  
First Named Inventor **Marco Winter**  
Examiner Name **Steven Radosevich**  
Art Unit **2117**  
Attorney Docket No. **PD020096**

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

## Total Claims

- or HP = Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

## Independent Claims

- or HP = Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

## Small Entity

Fee (\$)

Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$460.00

Fees Paid (\$)

460.00

## SUBMITTED BY

Name (Print/Type) **ROBERT B. LEVY** Registration No. (Attorney/Agent) **28,234** Telephone **(809) 734-6820**  
Signature **[Signature]** May 30, 2008

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual OGC. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 460.00

Complete If Known

Application Number 10/528,596  
Filing Date March 21, 2005  
First Named Inventor Marco Winter  
Examiner Name Steven Radosevich  
Art Unit 2117  
Attorney Docket No. PD020096

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☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify):

☒ Deposit Account: Deposit Account Number 07-0832

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Each claim over 20 (including Reissues)

Small Entity  
Fee (\$)  
50

Fee (\$)  
25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

### Total Claims

### Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$50

= \$1

HP = highest number of total claims paid for, if greater than 20.

### Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

### Independent Claims

### Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$200

= 0

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

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Fees Paid (\$)

460.00

SUBMITTED BY

Name (Print/Type) ROBERT B. LEVY Registration No. (Attorney/Agent) 28,234 Telephone (609) 734-6820  
Signature May 30, 2008

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